File with:
lowa Ethics and
Campaign Disclosure
Board
510 E. 12th, Ste. 1A
Des Moines, lowa 50319

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE



COMMUNIC LAGE	
ization)	
il .	DR-2 DISCLOSURE (Rev. 07/2007) REPORT
	For Office Use Only Comm. #/33.2/
Political Party (if applicable)	Logged in
District (if Senate or House)	Computer
	Political Party (if applicable) District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

, , , , , , , , , , , , , , , , , , , ,		ne in imig min	ly and accurate reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
IAMFILINGA yearend(07)	REPORT FOR (1) ELECTIO	N /(2)NON-ELE	ECTION YEAR
(report date)	Indicate b	·	
CCHECK IF AMENDMENT TO REPORT DATED		Local Committee	ees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of Dis (You must continue to file reports until a DR-3 is filed.)	solution Form DR-3.		Committees, enter County in
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first re	on hand at the end	s	1955.60
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•	
Schedule A: Cash Contributions total (Attach Schedule A	A) (*also see in-kind below)		510.00
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attach S			
(Schedule H applies to Candidates' Committee			
	SUB-TOTAL	s	2465.60 1346.59
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•	
Schedule B: Expenditures total (Attach Schedule B) (**al	so see debts and loans below)	*******	1346.59
Schedule F: Loan Repayments total (Attach Schedule F)			
CASH ON HAND at the end of this reporting period (if final report b		-	1,119.01
***UNPAID BILLS (From Schedule D - Attach Schedule D)			
TIN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule L	E)		25.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		s	
CONSULTANT BREAKDOWN (Schedule G Attached?)			ES NO
CANDIDATE COMMITTEES ONLY:		 '	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sc	chedule H)	3	
STATE COMMITTEES: Submit a reconciled campaign account bar		· –	

For Instructions, See Back of Form

(Including candidate's personal funds)		1202110	
		☐ CHECK THIS BOX IF	
COMMITTEE NAME (Must be same as on Statement of Organization)		AMENDING FORM	
Mahayni for Council	STATE		
managra por sea seco	CANDIDATE		
CONTRIBUTION IN DESCRIPTION IN THE PROPERTY OF	S NOTE: IF		

A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER BY THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (MM/DD/YR)	PAC 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	RECEIVED	V IF FOR FUND- RAISER INCOME
10/29/07	ID# CK#	Reggy Johnson Circle 3039 Evergreen Circle Ames, IA 50014		\$15.00	7777
10/30/07	ID# CK#	Paul Nelson 2106 Clark ave.			
	ID#	ames, IA 50010		25.00	
11/01/07	CK#	Emes IA 50014	·	25.00	
11/02/07	ID#	Slyanne Zaffarono 3/08 Rass Rd.			
1902/01	CK#	ames, IA sooit		25.00	
11/02/07	CK#	Dennie Gano 1004 Arisona Ames IA 50014	<i>(</i> -	100.00	
11/03/07	ID# CK#	Joseph Merchant 3319 Hoodland St. Amer IA 50014		100.00	
11/03/07	ID# CK#	Dennie Pyle 2215 Dimberland Rd.		-25.00	
11/03/07	1D# CK#	Lary Pei 4822 Copperstone Dr.		_	
	ID#	Thendy Herrick		100.00	
11/03/07	CK#	16/3 Amherst Dr. Ames, IA 50014		25.00	
1/04/07	ID# CK#	Deane Cardwell 3006 Hemlock CV. Ames, IA 50014		20.00	
		TOTAL (if	SUB-TOTAL last page of this schedule)	s 460.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of 2 (for Schedule A)

SCHEDULE

(Rev 117/03)

MONETARY

RECEIPTS

For Instructions, See Back of Form

(Including candidate's personal funds)

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATE S NOTE: IF

A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/06/07	ID# CK#	Carolen D. Jones 2916 Forest Hills Ames IA 50014		\$50.00	
	ID#				
	CK#				
	ID#				
	ск#				
	ID#				
	CK#				
	ID#				
	СК#			·	
	ID#				
	CK#				
	ID#				
	CK#			·	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#	`			
	СК#	s.			
			SUB-TOTAL	\$ 50.00	
		TOTAL (H	last page of this schedule)	\$ 50.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 97/93)	MONETARY EXPENDITURES
☐ CHEC	K THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) raine for Council PURPOSE AMOUNT (DESCRIBE **EXPENDED** CANDIDATE NAME AND ADDRESS TO WHOM TRANSACTION) ID NUMBER **EXPENDITURE** DATE (if applicable) (Disbursement) WAS MADE **EXPENDED** AND PAC (MM/DD/YR CHECK NUMBER ads \$362.50 CK# ID# verside Dr CK# 50010 ID# 726.96 CK# 50014 ID# 10.75 CK# ID# 5.66 CK# 50014 1D# 10.80 CK# ID# 143,25 CK# 50014 ID# CK#

		NAMITTEES	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	<u> </u>	of	

3 46.59

SUB-TOTAL

TOTAL (if last page of this schedule)

OR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
Mahaime for Couscel	(Rev. 06/97)	IN KIND CONTRIBUTIONS
		KTHIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
11/04/07	Omar akili 3222 Evergreen Ames, IA 50014		Theb	25	
		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	\$	
		·	TOTAL (if last page of this schedule)	\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule E)